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were invaded, excepting the northernmost Provinces. During the summer of 1911, however, the disease subsided very markedly, and from the 1st of April to September 13, the time during which the prevalence of the disease would be greatest, there were only 2,003 cases with 1,018 deaths reported.

Cholera appeared in Italy in August, 1910, in the Provinces of Bari and Foggia. The disease spread throughout the southern and eastern Provinces and invaded Sicily. It continued until the advent of cold weather, and subsided in January, 1911, to reappear in June of the same year. From June 8 to September 23, 1911, the period of the greatest prevalence of the disease, there were over 14,000 cases, and the infection had involved by far the greater part of the country. The disease finally subsided with the advent of the cold weather of winter. During the present year (1912) the disease had not recurred until August 14. The cases so far reported have all been in the southern part of the island of Sardinia, as noted in last week's issue of the Public Health Reports.

During the present summer cholera has appeared at numerous places in Asiatic Turkey. Among the places so reported are Aleppo, Alexandretta, Antioch, Beirut, Tarsus, and Damascus. Throughout southern Asia scattered cases have been reported. In Bombay there were between May 19 and July 27 over 1,600 cases reported with 1,200 deaths. Over 500 cases were reported between May 14 and July 29 in Saigon, in Indo-China. In Japan cases have occurred in Formosa and the Miyako Islands.

TRACHOMA.

Trachoma has been found by officers of the United States Public Health Service to be prevalent in certain localities in Kentucky and on Indian reservations in Minnesota. Trachoma is a disease affecting the eyes, is chronic in nature, and mutilating in its course and results, frequently producing partial or total blindness. The disease is common in parts of Asia and southern Europe. Immigrants suffering with this disease are not allowed to enter the United States. Recent reports indicate that trachoma is also present in Chile, where it appears to be spreading. Many cases have been noted in Valparaiso. The disease is most prevalent in localities where the hygienic conditions are bad and in those sections of cities where there is marked congestion and overcrowding. The disease has undoubtedly been imported into Chile by immigrants coming from localities where it is endemic.

INSANITY IN ENGLAND.¹

The Sixty-sixth Annual Report of the Commissioners of Lunacy for England and Wales shows that on January 1, 1912, there were 135,661 certified insane persons under treatment in England and Wales, which was 2,504 more than on January 1, 1911. The increase in 1908 was 2,703; in 1909, 1,766; and in 1910, 2,604. The average

¹ Memorandum forwarded by Consul General Griffith, London.

annual increase for the 10 years ended December 31, 1911, was 2,495. With the exception of the outdoor pauper insane, in which class there was a diminution of 2 per cent, there were increases in all groups of insane persons. Out of the total number of certified patients, 123,400, or 91 per cent, were paupers.

The mean ratio for the whole population was 3.41 per thousand. London furnished the largest percentage of insane, 5.97 to the thousand, while the Isles of Scilly had a ratio of only 0.95 per thousand.

In 1859 there were 36,762 certified insane in England and Wales; 1869, 53,177; 1879, 69,885; 1889, 84,340; 1899, 105,086; 1909, 128,787; and 1912, 135,661. The great increase in insanity is shown in a comparison between 1869 and 1912. In the former year the percentage of increase as compared with 1859 was 44.6 per cent, while in 1912 the percentage of increase was 269.

In the report of the commissioners it is stated that the annual increase in the total known insane must not be taken as the sole factor to be considered in estimating the relative growth of insanity in a community. The report further adds that of late years there has been no growth in the numbers of insane persons admitted to care, and that within the past 10 years the total of these to the total under care has fallen from 26.5 to 20.5 per cent.

Of the total number of persons under care certified as insane on January 1, 1912, in England and Wales, 46.5 per cent were males and 53.5 per cent females. These figures show that the percentage of female insane is higher than the percentage of females to every 100 persons, the proportion in England and Wales being 48 males to 52 females.

In the cases in which an insane heredity was considered the dominant factor the proportion of the female sex was 59 per cent. In the cases of families with a definite history of alcoholism the proportion of females was 53. Where insanity was produced by sudden mental stress the proportion was 65 females to 35 males, and where the stress producing insanity was prolonged the proportion was 45 males to 55 females. Intemperance in alcohol is given in the report as the principal factor in the attack of insanity in nearly as many instances as prolonged mental stress, but where alcoholic intemperance was the leading cause of insanity the proportion between the sexes was males 68 and females 32, showing that this cause produced insanity in more than twice as many males as females.

The average net weekly cost per individual for the maintenance of patients in the county and borough asylums of England and Wales for the year ended March 31, 1912, was, respectively, \$2.43 and \$2.69.

The criminal insane patients numbered 1,125 on January 1, 1912, and consisted of 857 men and 268 women, or 25 more men and 5 more women than on January 1, 1911, the men having increased in the interval by 3 per cent and the women by 1.9 per cent.